



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102  
[www.njconsumeraffairs.gov/medical/nursing.htm](http://www.njconsumeraffairs.gov/medical/nursing.htm)



JOHN J. HOFFMAN  
Acting Attorney General

ERIC T. KANEFSKY  
Director

**Mailing Address:**  
P.O. Box 45010  
Newark, NJ 07101  
(973) 504-6430

June 29, 2015

### VIA REGULAR AND CERTIFIED MAIL

Betsaida Rosado, C.H.H.A.  
4709 Westfield Avenue, Apt 1  
Pennsauken, NJ 08110

RE: I/M/O Betsaida Rosado, C.H.H.A.  
Final Order of Discipline

Dear Ms. Betsaida Rosado:

Enclosed please find a copy of the Final Order of Discipline ("FOD") filed with the New Jersey State Board of Nursing ("Board") in the above referenced matter. Please read this Order carefully, as you may be subject to additional discipline if you do not comply with the terms of the Order. You can obtain information about the status of your certification by calling the Board office at (973) 504-6430.

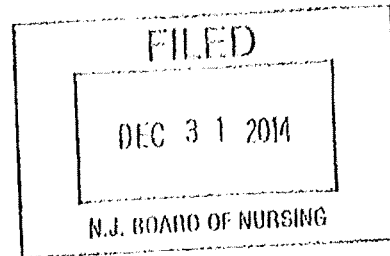
Sincerely yours,

Joanne Leone, Acting Executive Director,  
State Board of Nursing

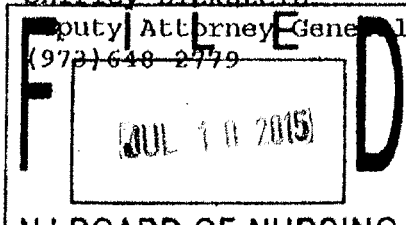
Encl.

cc: Shirley Dickstein, DAG

JOHN J. HOFFMAN  
ACTING ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5th Floor  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the State Board of Nursing



By: Shirley Dickstein  
Deputy Attorney General  
(973) 648-2779



STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION  
OR REVOCATION OF THE LICENSE OF

Betsaida Rosado, C.H.H.A.  
Certificate No. 26NH14413200

HOMEMAKER HOME HEALTH AIDE  
IN THE STATE OF NEW JERSEY

ADMINISTRATIVE ACTION

PROVISIONAL ORDER OF  
DISCIPLINE

☒ FINAL ORDER OF DISCIPLINE  
(Finalized by default  
on July 10, 2015/07/10/15)

**FINAL**

This matter was opened to the New Jersey State Board of Nursing (the "Board") upon receipt of information which the Board has reviewed and upon which the following preliminary findings of fact and conclusions of law are made:

FINDINGS OF FACT

1. Betsaida Rosado ("Respondent") is a certified homemaker-home health aide in the State of New Jersey and has been a licensee at all times relevant hereto. (Exhibit A).

2. Upon receipt of a flagging notice indicating that Respondent was arrested on February 18, 2014 by the Camden Superior Court for violation of N.J.S.A. 2C:21-17.2, False Document to Obtain a Driver License, the Board sent a letter of inquiry, requesting certain information and submission of documents, to Respondent's address of record in Pennsauken, New Jersey, via regular and certified mail on or about March 4, 2014. A response was due within twenty (20) days. The regular mailing was not returned; the certified mailing was returned as unclaimed. (Exhibit B).

3. On April 17, 2014, Respondent faxed a letter of representation from Respondent's attorney, indicating she had pleaded not guilty and would proceed to trial. On June 16, 2014, Respondent pled guilty for violation of N.J.S.A. 2C:21-2.1C, Using False Identification.

3. To date, Respondent has not responded to the Board's request for information.

#### CONCLUSIONS OF LAW

Respondent's failure to respond to the Board's request for information constitutes a failure to cooperate with a Board investigation, in contravention of N.J.A.C. 13:45C-1.2 and 1.3, which the Board deems professional misconduct pursuant to

N.J.S.A. 45:1-21(e), subjecting Respondent to disciplinary action pursuant to N.J.S.A. 45:1-21(h).

ACCORDINGLY, IT IS on this 31<sup>st</sup> day of December, 2014,

ORDERED that:

1. Respondent's certificate to practice as a homemaker-home health aide is provisionally suspended until such time as Respondent cooperates fully with the Board's investigation by providing the Board with the information requested in the Board's letter of inquiry.

2. Respondent is provisionally assessed a civil penalty in the amount of two hundred dollars (\$200). Payment shall be made by certified check, bank cashier check, or money order payable to "State of New Jersey," or by wire transfer, direct deposit, or credit card payment delivered or mailed to George Hebert, Executive Director, State Board of Nursing, P.O. Box 45010, Newark, New Jersey 07101. Any other form of payment will be rejected and will be returned to the party making the payment. Payment shall be made no later than fifteen (15) days after the date of filing of this Final Order of Discipline. In the event Respondent fails to make a timely payment, a certificate of debt shall be filed in accordance with N.J.S.A. 45:1-24 and the Board may bring such other proceedings as authorized by law.

3. Respondent shall refrain from engaging in the practice as a homemaker-home health aide and shall not represent herself as a homemaker-home health aide until such time as her certification is reinstated. Any practices in this State prior to such reinstatement shall constitute grounds for a charge of unlicensed practice.

4. The within order shall be subject to finalization by the Board at 5:00 p.m. on the 30<sup>th</sup> day following entry hereof unless Respondent requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

- a) Submitting a written request for modification or dismissal to George Hebert, Executive Director, State Board of Nursing, 124 Halsey Street, Sixth Floor, P.O. Box 45010, Newark, New Jersey 07101.
- b) Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed.
- c) Submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefor or offered in mitigation of penalty.

5. Any submissions will be reviewed by the Board and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty-day period, or if the Board is not persuaded that the submitted materials merit

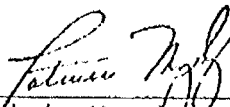
further consideration, a Final Order of Discipline will be entered.

6. In the event that Respondent's submissions establish a need for further proceedings, including, but not limited to an evidentiary hearing, Respondent shall be notified with regard thereto. In the event that an evidentiary hearing is ordered, the preliminary findings of fact and conclusions of law contained herein may serve as notice of the factual and legal allegations in such proceeding. Further, in the event a hearing is held and upon review of the record, the Board shall not be limited to the findings, conclusions and sanctions stated herein.

7. In the event that the Board receives no written request for modification or dismissal within 30 days following entry of this Provisional Order, without further Board review, all referenced preliminary Findings of Fact and Conclusions of Law and all provisional sanctions or penalties imposed by this Order shall automatically become the Final Decision and Order of the Board. Thereafter, Respondent's failure to comply with any sanction or penalty imposed by this Order shall be considered a violation of a Board Order in contravention of N.J.S.A. 45:1-21 (e) and (h) and N.J.A.C. 13:45C-1.4 and may subject Respondent to additional sanction and/or penalty.

8. The Board reserves the right to initiate disciplinary proceedings based upon any information that Respondent ultimately provides in response to the letter of inquiry or upon any new information the Board receives.

NEW JERSEY STATE BOARD OF NURSING

By:  PhD, APN  
Patricia Murphy, PhD, APN  
President

# EXHIBIT A



**Betsaida Rosado**

Date of birth:  
Date of death:  
License No.: 26NH14413200  
Profession: Nursing  
License type: Homemaker - HHA

License status: Active  
Date this status: 06/04/2013  
Issue date: 06/04/2013  
Last renewal date: 10/15/2013  
Expiration date: 11/30/2015

**Address of Record**

[REDACTED]  
[REDACTED], NJ

**Education**

School name: Liberty Healthcare Services  
Degree/Certificate: Certificate of Completion  
Date Graduated: 12/21/2012  
Major: HHA

**Prerequisite License(s)**  
None

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Report generated on 10/14/14 5:11:22 PM



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

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Jeffrey S. Chlosa  
Attorney General

THOMAS R. CALCAONI  
Director

Certified and Regular Mail

March 4, 2014

Betsaida Rosado

### RE: CRIMINAL HISTORY BACKGROUND CHECK

Dear Ms. Rosado:

The Board of Nursing has received a criminal flagging notice indicating that you were arrested on 02/18/14, by Camden County Superior Court, for 2C:21-17.2, False Document to Obtain a Drivers License. Agency Case #BC1166642.

Before this matter(s) is reviewed by the Board of Nursing to determine if the offense(s) warrants disciplinary action under N.J.S.A. 45:1-21(f), please forward the following information to this office within twenty (20) days hereof to the attention of Linda Adamkowski at 973-424-8151, or fax the information to 973-648-3536. This information must be provided on all case(s) indicated in the above listing.

1. A legible copy of the municipal court complaint and disposition. The copy should indicate the charges, your plea, the court's judgment and what the court's assessment of costs, fines, jail time and/or probation (if any). (This can be obtained by calling and visiting the Clerk of the Municipal Court where the case was heard.
2. If the case(s) is still pending, provide the status of the case and keep this office apprized of any major developments including dismissal, transfer to the Superior Court (county level), grand jury indictment, trial dates, plea agreements, etc. Keep this office apprized of any major change in status.
3. If you have been indicted by the Grand Jury, please enclose a copy of the indictment. If a criminal accusation has been filed, please enclose a copy of the Criminal Accusation.

4. If you are on or have completed probation and/or paid fines/costs, please provide proof of same. Keep this office apprized of any major change in status.
5. A legible copy of the Police Report with all supporting statements. (This can be obtained by visiting the police station where you were arrested.)
6. The name and address of your current nursing employer; your job title, dates of employment, shift, type of unit worked and a copy of your most recent performance evaluation.
7. A narrative statement from you regarding your version of the underlying conduct which gave rise to the underlying crime/offense for which you were arrested.
8. For RNs/LPNs: Have you taken any continuing education courses within the last three years. If yes, please provide copies of the certificates of completion.

Please be aware that you are required under N.J.S.A. 45:1-21(e) N.J.A.C. 13:45C-1.3 to provide a timely response to this inquiry. Failure to respond and provide these items within 20 days hereof will constitute a violation of the aforesaid provisions and may result in the filing of a provisional order of discipline for suspension and imposition of monetary penalties.

Very truly yours,  
George J. Hebert, MA, R.N.,  
Executive Director



**CERTIFIED MAIL**

PS Form 3811, February 2004  
102335-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, not on the front if space permits.

1. Article Addressed to:

Betsaida Rosado

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

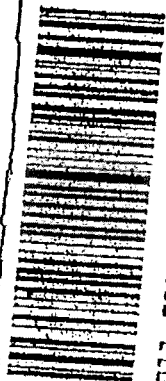
3. Service Type
- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. ZIP+4® 0110 0001 6637 4200

PS Form 3811, February 2004 Domestic Return Receipt

NJ Office of the Attorney General  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY BOARD OF NURSING  
P.O. BOX 45010  
NEWARK, NJ 07101

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*3-13*

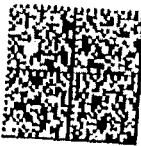


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U.S. POSTAGE & PAYMENT SERVICES



ZIP 08628 \$ 006.48<sup>0</sup>  
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2-24

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175 DE 3899

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

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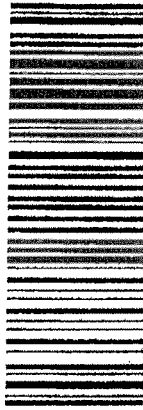
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Sent To  
*Betsaida Rosado*  
Street, Apt. No.  
or PO Box No.  
City, State, ZIP+4  
N.J.  
PS Form 3800, August 2006 See Reverse for Instructions

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Total Postage & Fees	\$

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N.Y.

PS Form 3800, August 2006

See Reverse for Instructions